

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. **10672750**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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43		/				
44		/				
45	/	/				
46	/	/				
47	/	/				
48	/	/				
49	X	X				
50	X	X				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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52						
53						
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61						
62	/	/				
63	/	/				
64	/	/				
65	/	/				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	12					
TOTAL CLAIMS	15					